ABOUT THE HRC

The **Homelessness Resource Center (HRC)** fosters the development of an interactive learning community of providers, consumers, policymakers, researchers, and government agencies at federal, state, and community levels—with the goal of bringing together state-of-the art knowledge and promising practices to prevent and end homelessness among people with mental health and substance use disorders, and trauma histories. Our work includes training and technical assistance; publications; on-line learning opportunities; and networking.

The HRC is funded through a generous Contract (No. HHSS280200600029C) from the Homeless Programs Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the report authors and do not necessarily reflect those of SAMHSA or HHS.

TABLE OF CONTENTS

INTRODUCTION

In recent years, evidence-based practices (EBPs) have become the foundation of clinical work and service delivery in the fields of medicine and behavioral health. The emphasis on EBPs is also important in homeless services. Efforts to define and evaluate EBPs have guided the implementation of interventions designed to achieve predictable outcomes, as well as helping practitioners make the most informed decisions about how to best care for their clients. Rather than relying on tradition, folklore, and rules of thumb about "what works," they provide empirical evidence supporting the effectiveness of specific interventions.

Our knowledge of specific practices in the homelessness field comes from various sources, including research and narrative literatures. Providing varied levels of evidence, these sources can be grouped into the following categories: quantitative, outcomes-based research; qualitative research that provides descriptive information; and corroborative literature that reflects clinical experience and wisdom, varied perspectives (e.g., consumer), and information regarding implementation.

The Homelessness Resource Center (HRC) has selected evidence-based practice as a strategic area of focus. HRC developed a provisional framework for understanding and evaluating evidence for practices in the homelessness field. This framework is explored in a draft paper entitled "Evidence-Based Practices in Homeless Services: An Issue Brief" (Olivet & Bassuk, 2007). The framework builds on the work of SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), the Cochrane and Campbell Collaborations, and the Canadian Health Services Research Foundation. The framework aims to bring multiple streams of evidence to bear on the understanding of what is known about particular practices.

HRC then piloted the framework by evaluating the evidence for two practices in the homelessness field: outreach and engagement and trauma-informed care. Two papers, "Bridging the Gap: Assessing the Evidence for Outreach and Engagement in Homeless Services" (Olivet et al., 2007) and "Shelter from the Storm: Creating Trauma-Informed Homeless Services" (Hopper et al., 2007) document the findings of this work. This series of papers served as the back-

ground for an Expert Panel on Evidence-Based Practices in Homeless Services, which was held on February 11, 2008 in Rockville, Maryland.

The purpose of the Expert Panel was to discuss how to identify and implement evidence-based practices in the homelessness field. Given the limited information about outcomes of homeless services, the panel also addressed how to strengthen and integrate varied streams of evidence. The panel was composed of experts with extensive knowledge of homelessness and behavioral health, evidence-based practices, quantitative and qualitative research, cultural competence, and consumer involvement. Panelists included researchers, providers, program evaluators, policymakers, and consumers. A complete list of invited panel members can be found in Appendix C. The purpose of this report is to summarize the panel discussion by highlighting key messages, conceptual issues, strategic directions and next steps. The report is not intended to report verbatim what occurred at the expert panel, but instead to capture major themes and overarching concepts discussed by the panel.

KEY MESSAGES

Through the course of the expert panel, participants raised issues and made key points that provide guidance for the HRC's EBP efforts. While these key messages were in most cases echoed by multiple panelists, the list is not necessarily based on consensus across the entire group. Rather, HRC staff compiled major points that captured the essence of the dialogue. Key messages included:

1. A gap exists between research and practice in the area of homelessness—the latest research is often slow to influence the field and wisdom from the field is not always reflected in the research literature.

1. A shift may be occurring in homeless services that reflects a movement toward recovery-oriented, trauma-informed, person-centered, and evidence-based services.

1. Many promising practices are emerging from homeless services but evidence to support these practices varies widely.

1. Common principles can be traced across many promising practices.

1. More outcomes-based research is needed, not less.

1. Responses to homelessness should rely on the best possible research evidence.

1. Qualitative and corroborative evidence, while serving a different function than quantitative research, should be considered when evaluating what is known about a particular practice. More work is needed to understand how to integrate multiple streams of evidence.

1. A framework for evidence-based practices in homeless services should be straightforward and easy to understand, yet still address outcomes and also allow for the complexity of the problem.

1. Future research in the area of homelessness should include more community-based, participatory research that involves consumers and service providers throughout all phases of research.

1. HRC's work on evidence-based practices should build upon and coordinate with other existing EBP efforts.

PANEL SUMMARY

Complex Problems, Complex Solutions

The problems related to homelessness are complex. As panelists suggested, people experiencing homelessness have needs that involve multiple service systems including housing, health care, employment, education, mental health, substance abuse, criminal justice and others. Often, these systems are fragmented and poorly coordinated. Breakdown in communication among agencies is compounded by the fact that homelessness is affected by the needs of local communities and may vary according to the availability of jobs, housing and services. Additionally, solutions to homelessness are interdependent and rely on varied interventions and different funding streams.

While outcomes-based research can provide vital information about the effectiveness of specific interventions, it reveals little about the context in which the interventions occur or the process of implementation of the practice. The panel suggested that developing an understanding of the role of EBPs in homeless services should be simple enough to be relevant to those working in the field, yet flexible enough to allow for the complexity of the problems associated with homelessness, and the creativity of the many promising solutions that have been developed. One panelist suggested that the HRC's work should offer practical guidance to the field on what seems to be working for whom in what specific context.

A Paradigm Shift?

In identifying common principles and key ingredients of various promising practices, the panel began to articulate what some described as a "paradigm shift" in the homeless services field. Several participants argued that such a shift includes movement towards services that meet people where they are—geographically and philosophically. For example, outreach and engagement literally takes services to where people are. Practices that can be classified as low-demand or those based on harm-reduction meet people where they are in their process of recovery. They also strongly acknowledge consumer choice. The group iden-

tified other facets of the shift, such as a greater emphasis on responding to traumatic stress, belief in each individual's recovery, and an increasing focus on implementing practices that have some level of empirical support. Such a paradigm shift could be characterized as person-centered, trauma-informed, recovery-oriented and

> *" …People experiencing homelessness have needs that involve multiple service systems including housing, health care, employment, education, mental health, substance abuse, criminal justice and others. "*

evidence-based. Various practices for specific populations support this notion: housing first, outreach and engagement, and consumer-run programs. While some members of the panel argued that such a paradigm shift seems to be underway in the field, others suggested that since no consistent approach to services has existed up to this point, the notion of a "paradigm shift" does not capture the ways services are currently delivered.

The Research-Practice Gap

Many promising practices are emerging from homeless services, but evidence to support the effectiveness of these practices varies widely. Panel members also commented that for many practices evidence is lacking and that when it does exist the information does not necessarily reach the field. For example, research often does not directly influence curriculum development for staff training, nor does it directly affect the daily work of an outreach worker or case manager.

The panel agreed that the preponderance of literature in the homelessness field could be described as "corroborative" (non-research literature), rather than quantitative or qualitative evidence. Based on most standards for assessing EBPs, this is a troubling imbalance. Without more outcomes-based research, few if any homeless-specific interventions would qualify as EBPs. For example, SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) currently lists only three interventions as effective for people experiencing homelessness (Critical Time Intervention; Pathways' Hous-

ing First Program; and Trauma Recovery and Empowerment Model). In spite of this, much is known in the field about what seems to be working.

The gap between research and practice involves challenges in rapidly translating state of the art research into practical application. During the panel, participants suggested that the problem goes both ways. Practitioners and researchers often do not know what the other is doing. As noted by one panelist, it is possible that a researcher studying a particular practice may not be aware of existing curricula that are widely used to train people in the field.

As the panel discussed integrating multiple streams of evidence, particularly includ-

ing corroborative or anecdotal evidence, they emphasized the importance of creating an ongoing loop of communication and feedback among providers, consumers, and researchers to have relevance. Just as practitioners should rely on evidence to choose one intervention over another, researchers should tap into the wisdom of the field to learn about what is working and how the realities of everyday practice might influence the translation of research into practice.

Promising Practices and Their Common Principles

Anecdotally, we know that many practices in the homelessness field seem to produce promising results, although

they may lack significant outcomes-based evidence. During the Expert Panel, members were asked to discuss practices that are commonly embraced by the field. A list of these practices and approaches can be found in Appendix A of this report. The process of listing these practices was not focused on interventions that have a strong base of empirical evidence, nor was it focused on practices that should be considered to be evidence-based. Instead, the process involved small groups brainstorming as many "innovative and promising practices" they could identify.

After brainstorming in small groups and reporting back to the entire panel, the participants identified common principles across the practices. They included the following:

- Practices embody a person-centered approach rather than one that is focused on the provider or the organization

- Services are individualized and based on client choice and client need

- Services are trauma-informed—providers understand and respond to the impact of traumatic stress in the lives of many who have experienced homelessness

- A "do no harm" philosophy underlies many of the practices

- Some degree of empirical evidence supports the practices

- In addition to empirical evidence, practices are also based on an experiential body of knowledge to support them

- Practices are community-based

- Practices address the importance of natural social supports

- Services involve a "therapeutic alliance" between client and provider

- Many practices are consumer-driven

- Services are culturally competent

The panel suggested that rather than take an approach that focuses on specific programs as evidence-based or not, a more helpful approach may be to identify common principles, such as those listed here, to determine whether a particular practice should receive increased focus and attention.
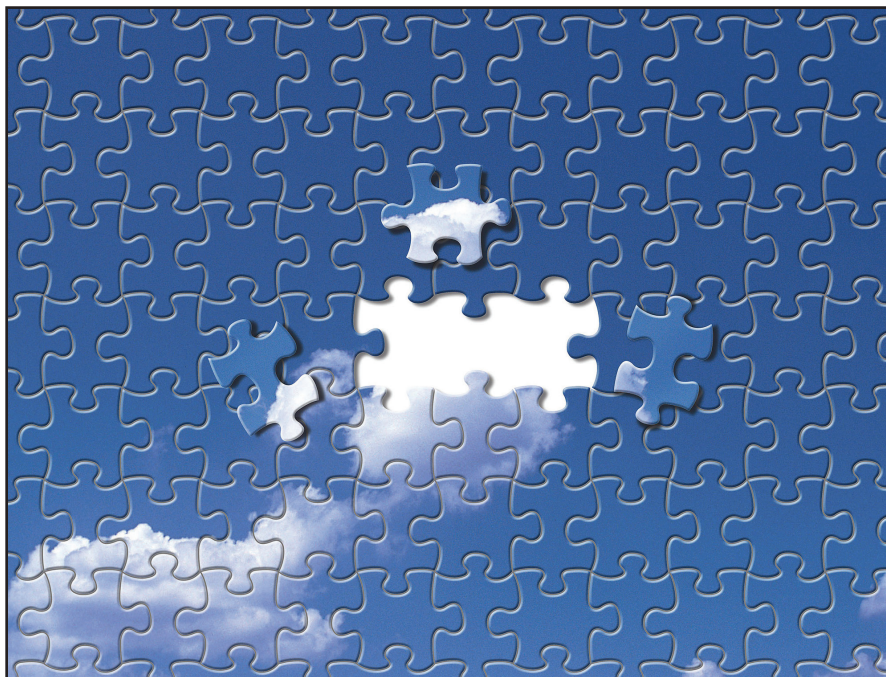
Strengthening & Integrating the Evidence

The first part of the agenda aimed to discuss central issues, and promising practices in homeless services. The second half of the day shifted to breakout groups that focused on

1) developing specific strategies to strengthen and integrate various streams of evidence (the Evidence Workgroup), and

2) creating a structure to identify, implement, evaluate, and disseminate promising practices (the Practice Workgroup).

The first breakout group, the Evidence Workgroup, identified strategies to strengthen the evidence base for practices in the homelessness field. The panelists discussed strategies such as mixed methods research (studies that integrate quantitative and qualitative data), meta-analyses of existing studies, and a "portfolio approach" that examines closely the gaps in research for a particular practice and aims to support research that fills those gaps.

Additionally, the group discussed how to integrate quantitative, qualitative and corroborative evidence. Panelists stated that within each stream of evidence, "not all evidence is created equal." In other words, among quantitative studies, some are stronger than others due to study design, sample size and how researchers addressed potential bias. The group also suggested that the same is true for qualitative and corroborative literature—some evidence is strong, some is not. While the breakout group did not offer concrete solutions to this problem, it did suggest the importance of assessing the quality of evidence within each stream.

> **" Within each stream of evidence, not all evidence is created equal "**

When discussing how to integrate multiple streams of evidence, the group was able to offer the general perspective that the "quantitative/qualitative research silos" should be broken. The complexity of homelessness merits research that is complex and multi-faceted. The workgroup did not, however, agree upon a clear method for integrating different types of evidence about specific practices.

The participants suggested concrete next steps that focused upon the development of a logic model of practices organized by the continuum of services available in the homelessness field—or the continuum of the recovery process. Such a framework might begin with people's needs, practices designed to engage people in services, then move through a range of supportive services and culminate in exiting from homelessness through permanent supportive housing. Such a logic model would provide a framework to understand the role of specific interventions in the recovery process. For each intervention, reviews of evidence could be conducted to determine directions for future research, practice, and policy.

Spreading Promising Practices Throughout the Field

Simultaneous to the work of the Evidence Workgroup, the Practice Workgroup developed a preliminary process for identifying, implementing, evaluating and disseminating promising practices. The method focused on "practice-based evidence" for particular models, or types of practices. The participants suggested surveying the field to determine the most promising practices currently in use. One issue that would need to be addressed is the lack of clear definition for particular practices. For example, "outreach and engagement" or "case management" may have numerous meanings, varying by setting, organization, or funding source. Part of the process would be to define and identify key elements of the practice. The process outlined below strives to capture the essence of the workgroup's discussion.

   Survey the field about "what works"
    A. Use method similar to NREPP to solicit nominations of specific practices from the field

     • Ensure urban/rural representation and participation across cultural groups
     • Include block grant and resource recipients
     • Use "call" for papers, presenters, and conferences to reach practitioners and consumers

    B. Focus on "models" (category/type of service), not individual programs

     • Look for widespread and diverse application across the homeless population over time
     • Identify convergence with other intersecting or parallel fields
     • Assess the identified need
     • Define the nature of the practice and techniques that produce promising results

    C. Identify the outcome that the "model" should produce

    D. Examine what has been written

    E. Use HRC website for gathering corroborative information

2. From information collected, develop Definition and Elements of Practice

    A. Identify outcome and performance indicators and norms

    B. Determine what works/when/for whom/in what setting

    C. Create the "platform" for practice

    D. Continually collect information and experience

3. Support implementation by:

     • Systems buy-in (support partnerships)
     • Financing (allow funding to build resource base)
     • Workforce development (recruit, train, supervise, monitor)
     • Technical assistance and peer support

4. Monitor and document "variance"

5. Sustain practices through:

     • Peer to peer education
     • Learning community
     • Professional credentialing
     • Adequate funding
     • Threaded conversation on web mediated by HRC
     • Organize by categories, with university affiliation (Web-based learning community & Virtual classrooms)
     • Teleconferencing
6. Launch new research to strengthen the evidence base

Where Do We Go From Here?

Based upon the discussions of the expert panel and drawing on the work of the break-out groups on evidence and practice, panelists suggested several next steps to guide the work of the HRC related to evidence-based practices. Suggestions included the following:

1. Develop logic model suggested by the Evidence Workgroup, then bring the panel back together via conference call to review the model.

2. Develop further the Practice Workgroup's survey approach. Explore whether such a process would require clearance by the Office of Management and Budget.

3. Hold open forum discussions of "what works" in communities around the country by dedicating time at on-site HRC trainings to such dialogue.

4. Utilize the HRC website to begin hearing from the field about what it considers to be a promising practice. Solicit promising prac-tices through discussion forums, threaded conversations, blogs, and other web-based technologies.

5. Work with NREPP to explore which practices currently in its database might have applica-tion in homeless service settings, and to en-sure that more homeless-specific practices are in the NREPP application process.

6. Develop guides on "adapting evidence-based practices" in order to guide the field in making the changes necessary to adapt various EBPs from other fields to homeless settings.

7. Reconvene expert panel in the fall of 2008 or spring of 2009.

References

Hopper, E., Bassuk, E., & Olivet, J. (2007). *Shelter from the Storm: Creating Trauma-Informed Homeless Services*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administra-tion. Pending publication.

Olivet, J. and Bassuk, E. (2007). *Evidence-Based Practices in Homeless Services: An Issue Brief*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Pending publication.

Olivet, J., Bassuk, E., Elstad, E., Kenney, R., & Shapiro, L. (2007). *Bridging the Gap: Assessing the Evidence for Outreach and Engagement in Homeless Services*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Pending publication.

APPENDIX A

During the morning, the panel broke into small groups to identify practices and approaches that seem to be working in the field or that are embraced by many as promising or innovative. The lists presented below are not intended to be exhaustive or to indicate practices with a substantial or agreed upon evidence base. Rather, they represent interventions and approaches to care that are worth noting because of their perceived value among service providers. It should also be noted that not all panelists agreed that every item on these lists should be considered promising.

Promising Approaches to Care

Advocacy and Self-Advocacy
Collaborative models/Co-location of services
Community Education/Stigma Reduction
Consumer Integration/Consumer Governance
Continuity of Care
Data Linkages
Illness Self-Management
Integrated Care
Living Wages
Low-Demand/Harm Reduction Services
Multi-disciplinary Treatment Teams
Non-Coercive Support Services
Ongoing Evaluation/Quality Improvement
Open Door/No Wrong Door
Outreach to Community Partners
Peer Engagement
Prevention
Prison Linkages
Psycho-social Systems
Recovery Practices and Resiliency
Systems Integration/System Transformation
Use of Multiple Data Sources

Promising Interventions

ACCESS
Accessing Benefits
ACT (Assertive Community Treatment)
Aftercare
Circle of Security
Consumer-Run Housing
Critical Time Intervention (CTI)
Crisis Intervention Teams
Drug and Alcohol Treatment
Electronic Medical Records
Family Psycho-education
Homeless Court
Infant Caregiver Project
Integrated Treatment for Co-Occurring Disorders
Intensive Case Management
Involuntary Outpatient Treatment
Medication Management
Motivational Interviewing
Outreach and Engagement
Primary Health Care
Peer Success Centers
Mental Health Court
Rental Subsidies
Safe Haven
Sanctuary Model
Supported Employment
Supportive Housing
Trauma-Based Services/Intake
Wellness Recovery Action Plan (WRAP)

APPENDIX B: AGENDA

February 11, 2008

Great Falls Room
SAMHSA
1 Choke Cherry Road
Rockville, Maryland

Agenda

8:30	**Welcome**	Kathryn Power
8:45	**Introductions and Review of the Day**	
9:00	**Background**	Ellen Bassuk and Jeff Olivet

9:30   **Discussion**: *Developing a working model for identifying effective practices in the homelessness field*

10:30   **Break**

10:45   **Breakout Groups Discuss and Report Out to Full Panel**
- *How do we identify effective practices in the field?*
- *What are some of these practices?*

11:45   **Lunch**

12:30   **Summary of the Morning's Work**

12:40   **Breakout Groups Discuss and Report Out to Full Panel**
1. *Integrating and strengthening existing evidence in homeless services*
2. *Translating research into practical applications*

2:15   **Break**

2:30   **Discussion**: *Next Steps*

3:30   **Adjourn**

APPENDIX C: PARTICIPANTS

Expert Panel Members

Daniel B. Fisher, MD, PhD
National Empowerment Center
Lawrence, MA

Marty Fleetwood, JD
HomeBase
San Francisco, CA

Daniel Herman, DSW
Columbia University
Mailman School of Public Health
New York Psychiatric Institute
New York, NY

Bill Hobson , MA
Downtown Emergency Service Center
Seattle, WA

Mary Anne Myers, PhD
Westat
Rockville, MD

Jim O'Connell, MD
Boston Health Care
for the Homeless Program
Boston, MA

Fred Osher, MD
Council of State
Governments Justice Center
Bethesda, MD

Debra Rog, PhD
Westat
Rockville, MD

Michael Rowe, PhD
Yale Department of Psychiatry Program
for Recovery and Community Health
New Haven, CT

Sandy Sheller, MA, ATR-BC, LPC
The Salvation Army
Red Shield Family Residence
Philadelphia, PA

Sam Tsemberis, PhD*
Pathways to Housing
New York, NY

Dan Wasmer, MS
State of Illinois,
Department of Human Services
Division of Mental Health
Chicago, IL

SAMHSA Participants and Observers

Deborah Stone, PhD
SAMHSA, Center for
Mental Health Services
Division of Service and
Systems Improvement
Homeless Programs Branch
Rockville, MD

Kathryn Power, M.Ed.
SAMHSA, Center for
Mental Health Services
Rockville, MD

Gigi Belanger
SAMHSA, Center for
Mental Health Services
Homeless Programs Branch
Rockville, MD

Pamela Fischer, PhD
SAMHSA, Center for
Mental Health Services
Homeless Programs Branch
Rockville, MD

Nicole Gaskin-Laniyan, PhD, LICSW, LCSW-C
SAMHSA, Center for
Mental Health Services
Homeless Programs Branch
Rockville, MD

Robert Grace
SAMHSA, Center for
Mental Health Services
Homeless Programs Branch
Rockville, MD

Dorrine Gross
SAMHSA, Center for
Mental Health Services
Homeless Programs Branch
Rockville, MD

Chandria Jones, MPH
Westat
Rockville, MD

Fran Randolph, DrPH
SAMHSA, Center for
Mental Health Services
Division of Service and
Systems Improvement
Rockville, MD

Kenneth S. Thompson, MD
SAMHSA, Center for
Mental Health Services
Rockville, MD

HRC Staff

Ellen Bassuk, MD
Institute on
Homelessness and Trauma
National Center on
Family Homelessness

SarahPaige Fuller, MSW
Institute on
Homelessness and Trauma

Dawn Jahn Moses, MPA
National Center on
Family Homelessness

Jeffrey Olivet, MA
Institute on
Homelessness and Trauma

Kristen Paquette, BA
Institute on
Homelessness and Trauma

* Unable to attend